No. C 103094	Annual Report Form		1	2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE			BARBARA D MORGAN		
700 WEST JEFFERSON	Mailing Address - Correct in this box, if applicable PALOUSE-CLEARWATER NEUROLOGY, P.A.			619 S WASHINGTON #201	
PO BOX 83720	BARBARA D MORGAN	ER NEUROLOGY, P.	A.	010 0 MAGINING TON #201	
BOISE, ID 83720-0080	619 S WASHINGTON	#201		MOSCOW, ID 83843	
NO FILING FEE IF	MOSCOW, ID 83843			New Registered Agent Signature	
RECEIVED BY DUE DATE				1 Nogistered Agent Signature	
4. Corporations: Enter Nam	es and Business Addre	Sses of President S	Coroton	l and B:	
Office held Name	Street or D.C. Add	or resident, s	ecietar)	and Directors.	
	Street or P.O. Addr	ess	<u>City</u>	State Zip	
riesident-Barbara	D. Morgan,MD,	1051 Idlers	Rest	Rd, Moscow, ID 83843	
Secretary-Anita I	Stearns	109 N. Main	St.	Troy, ID 83871	
5. Organized Under the Laws of: IDAHO C 103094	6. Signature Name Printed)	Inita Stearns	lære	Date <u>6~12-01</u>	